

Last Name _____ First _____ Middle Initial _____

Address _____

City, State, Zip _____

E-mail _____ Department _____

Phone _____ Lawson ID No. _____

SPIRIT Club - I authorize **St. Joseph's Medical Center** to deduct the following amount from my pay as my contribution to the Foundation-SPIRIT Club:

HOPE Club - I authorize **St. Joseph's Behavioral Health Center** to deduct the following amount from my pay as my contribution to the HOPE Club:

\$2.00/pay period \$4.00/pay period \$8.00/pay period Other \$_____/pay period Buck-Up Amount \$_____/pay period

I would consider volunteering to help with the following projects:

Warm Clothing and Blanket Drive Adopt-a-Family Easter Basket Drive Career Clothing Drive Booster Events

Other _____

May we print your name in Foundation Focus magazine? Yes No

Signature: _____ Date _____

I understand that I may revoke this authorization at any time by notifying the Foundation in writing.

16-806

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